ortant?	DEC 1 3 1937 MISSOURI STATE  BUREAU OF VI  CERTIFICATION	BOARD OF HEALTH TAL STATISTICS 39753 TE OF DEATH TO 11 Do not use this space.				
Svery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important to the statement	MISSOURI STATE BOARD OF HEALTH  DEC 1 3 1937  BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH  One of use this space.  Registration District No.  Registration District No.  (c) City. St. Louis, Mo. (d) Street No. Jewish Hospital (If death occurred in Hospital or Institution, write its name instead of street and number) (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  2. PRINT FULL NAME Louis D. Brodsky  (a) Residence, No. 7365 Delmar Blyd. (Usual place of abode, if no street address, write county or city)  (If nonresident, give efty or town and State)					
	PERSONAL AND STATISTICAL PARTICULARS  3. SEX	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH (MONTH, DAY, AND YEAR) // / / / / / / / / / / / / / / / / /				
N. B.—Every it CAUSE OF DE	18. BURIAL, CREMATION, CR. REMOVAL  PLACE B' nai Amoona Cerrate Nov. 21 137  19. FUNERAL DIRECTOR Harman Andrews  (ADDRESS) 5216 Delmar Blvd.  20. FINERAL DIRECTOR Harman Andrews  Local Registrar.	Nature of injury.  24. Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of deceased?   Was disease or injury in any way related to occupation of decea				

## STATEMENT BY LICENSED EMBALMER

I, Herman	Rindskopf		Licensed	Embalmer No2	207	, ;			
hereby certify that the body recorded on the reverse side of this certificate was embalmed by									
<u>Me</u>	L. E	·	*		***************************************				
No	or by		, Registered	Apprentice No		·			
working under my personal	supervision.		//	1.	12	' 1			

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

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